**WI ANNUAL REVIEW FORM for Year to September 2025**

Please complete this form **IN CAPITALS** and return to the Federation Secretary immediately after your Annual Meeting, together with: -

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| --- | --- | --- | --- | --- | --- |
| **1. Financial Statement** |  | **2. Committee’s Annual** **Report** |  | **3. WI Information form 2025/26** |  |

Please check that you are enclosing **all four items** by ticking the box above and keep copies for your own records. –

**Please return to the office no later than FRIDAY 5 December 2025**

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| **1.** | **WI NAME** | **Date of Annual Meeting** |
|  |  |  |
|  | **Membership number (SUR No.)** | **SUR**  |

|  |  |  |
| --- | --- | --- |
| **2.** | **Period: 12 months ending** |  |
|  | **Balance at end of financial year** | £ |
|  | **Charity Registration number if relevant** |  |
|  | **Principal Address** (for Charity Commission purposes) usually WI Secretary’s address |  |
|  | **Aims and objects of the WI.**The WI offers opportunities to enable women, from rural and urban communities, who are interested in issues associated with rural life to enjoy friendship, to learn, to widen their horizons and together to influence local, national and international affairs, within the context of the constitution.  |

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| **3.** | **Membership details:** |
|  | Total number of members for 2024/25 |  |
|  | Number of full members for financial year ending 30.09.25  |  |
|  | Number of dual members for financial year ending 30.09.25 |  |
|  | Number of new members during 2025 |  |
|  | How did new members hear about the WI? |  |
|  | Did you actively recruit for members?  | Yes / No (\**Delete appropriately*) |
|  | If so how? |  |

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| --- | --- | --- |
| **4.**  | **Committee Details:****Those in office from the Annual Meeting 2024 to 2025**List Trustees (Committee Members) [Please indicate Co-Opted members with a “c” and the date of co-option] |  |
|  | **Number of Committee meetings in the year 24-2025** |  |

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| **5.** | **BURSARY:** Does your WI give a bursary? | Yes / No |
| If so, how often? |  |
| and how much? | £  |
| Was this used in 2025 | Yes / No |

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| **6.** | **Training:**Would you like training/guidance on any matter concerning the WI? Please specify. |  |

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| --- | --- | --- |
| **7.** | **Decisions:**During the current year has your WI changed any Decisions (i.e., the place, day or time of meeting or size of Committee) or Byelaws (***such as introducing a Waiting List***)?  |  |

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| **8.** | Have members of your WI engaged with Federation Events? If so which events (***please list below***) |
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| **9** | Have members of your WI engaged with NFWI events and if so what, including the Learning Hub? (***Please list below***) |
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| --- | --- |
| **10.** | Was there a speaker from the SFWI Speaker Listing who didn’t fulfil your expectations and should re-audition? |
|  |  |
| **11.**  | **Signed on behalf of the Trustees** (the Committee) **who have approved the above Review**  |
|  | **President** (*print name*) | **President** (*signature*) |
|  | **Date:**  |
| **If you would like any help or information, then please contact your WI Adviser.****Their contact details are in Sharepoint on Office 365 or please ask the office for her contact details** |